

# **\*NEW VENDOR APPLICATION\***

(To be completed by market management)

Status: \_\_\_\_\_

Area: \_\_\_\_\_

Date: \_\_\_\_\_

## **State Farmers Market**

**1201 Agriculture Street**

**Raleigh, NC 27603**

**919-733-7417**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please complete and return to the market office. Management will review and determine space availability and any other items required for your business. Many areas on the market do have a waiting list at this time. This application expires on December 31<sup>st</sup> of each calendar year.**

**Incomplete applications will not be accepted.**

**To be considered for space and to maintain your status on the waiting lists you must resubmit an application each year by February 15<sup>th</sup>**

**Business or Farm Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

### **Business or Farm Mailing**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street address/PO Box**

**County:** \_\_\_\_\_

### **Business or Farm Physical**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street address/PO Box**

**County:** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Street address/PO Box**

**County:** \_\_\_\_\_

### **Telephone Numbers**

**(PLEASE CIRCLE OR HIGHLIGHT THE PHONE NUMBERS THAT ARE OK TO GIVE OUT TO CUSTOMERS)  
(OTHER NUMBERS WILL ONLY BE USED BY MARKET STAFF IN THE EVENT OF AN EMERGENCY)**

**Business or Farm:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Contact Name(s) & Cell Phone Number(s):** \_\_\_\_\_

**Fax #** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Website address** \_\_\_\_\_

**Social Media Sites:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Name**

**Home #**

**Cell #**

**Emergency Contact:** \_\_\_\_\_

**Name**

**Home #**

**Cell #**

**# of Spaces Requested:**\_\_\_\_\_ **Please circle the area you are requesting to sell in:**

**# of Spaces Requested:**\_\_\_\_\_ **Please circle the area you are requesting to sell in:**

**Market Shoppes                  Farmers Area                  Craft Shed                  Wholesale Truckers Shed**

**Market Shoppes                  Farmers Area                  Craft Shed                  Wholesale Truckers Shed**

**Market Shoppes                  Farmers Area                  Craft Shed                  Wholesale Truckers Shed**

**Market Shoppes                  Farmers Area                  Craft Shed                  Wholesale Truckers Shed**

List months you plan to operate: \_\_\_\_\_

Do you prefer to (indicate by check mark) ☐ Wholesale and Retail ☐ Retail Only  
☐ Wholesale Only--Sell only in unbroken containers (excluding melons)

***\*For Seafood Only***

**\*Commercial Fisherman's Name and License Number**\_\_\_\_\_

**\*Fish Dealers Name and License Number** \_\_\_\_\_

Fully describe experience in agricultural business. Include any farming interest, offsite facilities available, equipment, vehicles, etc. Use additional pages if necessary.

[illegible]

Fully describe type of business. Please list all items that you produce or that you plan to sell. Use additional pages if necessary.

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I have read the 2013 State Farmers Market Guidelines and agree to abide by all rules, regulations, and policies of the North Carolina Department of Agriculture and The State Farmers Market. I further understand that my failure to abide by these guidelines, rules, regulations, and policies as interpreted by the Market Manager may result in temporary or permanent dismissal from the Market.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_